

<b>Case Number:</b>	CM15-0054077		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/31/1994
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year old female, who sustained an industrial injury on 8/31/94. The injured worker was diagnosed as having fractured teeth, status post bone grafting, migraine headache, muscle splinting and cervicalgia. Treatment to date has included trigger point injections, oral medications, Botox injections and Sumavel injection. Currently, the injured worker complains of jaw pain. Upon physical exam, sub occipital tenderness and cervical upper trap are noted. The treatment plan included implants for teeth with crowns, Botox injection, home program and TMJ splint.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Sumavel Qty 3:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head chapter - Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Triptans.

**Decision rationale:** The patient presents with jaw pain and frequent headaches and migraines at 2-3 per week. The current request is for Sumavel Qty 3. Sumavel DosePro (sumatriptan) is a headache medicine that narrows blood vessels around the brain. The treating physician states on 1/26/15 that the patient had to use a Sumavel injection for the migraine she had. ODG state the following for Triptans: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. In this case, the treating physician had documented that the patient suffers from chronic headaches and migraines. The current request is medically necessary and the recommendation is for authorization.